

**Printable Line List - Contacts Only**

<b>Instructions:</b> Please list all close contacts of _____ (insert case's name). AHD recommends testing on Day 5 after exposure to COVID-19 unless the close contact has already tested positive for COVID-19 within the last 90 days. Instruct parents to monitor their child for symptoms of COVID-19 for 10 days from their date of last exposure. AHD recommends printing this form and keeping it close by so that if parents call to report any symptoms or positive tests, you can document the information accordingly. If <b>two or more</b> close contacts develop symptoms or test positive for COVID-19, please alert AHD's school/daycare team.								<b>Symptoms:</b> Please check all that apply. If <b>no symptoms</b> , check " <b>asymptomatic.</b> " If other symptoms, please describe (e.g., itchy eyes, red eyes, ear pain, rash).												<b>Vaccination Status</b>		<b>Additional Information</b>	
Name of Close Contact	Classroom/ Cohort/ Teacher's Name/ Sports Team	Last Date of Exposure (Day 0)	Test Date (Day 5)	Return Date (Day 6 or Day 11 depending on ability to mask).	Did this close contact get tested for COVID-19? If yes, please indicate what type of test was used (circle all that apply).	Did any symptoms develop in the 10 days following exposure? (circle)	Date of symptom onset (if applicable)	Asymptomatic	Fever/chills	Cough	SOB	Fatigue	Body Aches	Headache	Loss of taste/smell	Sore throat	Congestion or runny nose	Nausea or vomiting	Diarrhea	Other (please describe):	Fully Vaccinated?	Up to Date/ Boosted?	Any Additional Notes or Exposure Details (e.g., sat next to case in 4th period, rode bus with case, attended soccer practice with case, played closely with case while at recess, ate lunch with case, etc.)
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